


E FUNDING ELIGIBILITY FORM FOR RENEWABLE SUPPLIERS

 <p>RENEWABLE ENERGY PROGRAM CALIFORNIA ENERGY COMMISSION</p>	<p>Please submit form to:</p> <p>California Energy Commission Renewable Energy Program 1516 Ninth Street, MS-45 Sacramento, CA 95814-5512</p>	<p>Please print or type.</p> <p>Instructions for completing this form are contained in the Existing Renewable Facilities Guidebook.</p>
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Please select one below

- ☐ Original Application (fill out all section of this form to be eligible for funding)
- ☐ Amendment (fill out the required section completely along with any other sections that require changes)

REQUIRED INFORMATION

1. CEC ID #	2. Name of Facility		3. QF ID #
4. Contact Person		Title	
Telephone	Telefax	E-mail Address	

FACILITY INFORMATION

5. Physical Address of Facility			Telephone
City	State	Zip	Telefax
6. Facility Owner			
Address			Telephone
			Telefax
City	State	Zip	
7. Payee Name (30 Characters Maximum, including spaces)			
Payee Address			Telephone
City	State	Zip	Telefax

Note: All data submitted on this form is subject to public disclosure

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ELIGIBILITY INFORMATION

8. Is the facility certified as a Qualifying Facility pursuant to Section 292.207 of Title 18 of the Code of Federal Regulations?

☐ Yes ☐ No

9. Is the facility now, or has the facility previously been, owned by an investor-owned or local publicly owned electric utility?

☐ Yes ☐ No

10. Is the **entire** output from this facility to be used **exclusively** for on-site (self) generation?

☐ Yes ☐ No

11. Is the entire output from this facility excluded from an applicable competitive transition charge?

☐ Yes ☐ No

12. Is the entire output from this facility sold directly to an out-of-state customer?

☐ Yes ☐ No

13. Is the entire output from this facility sold directly to a customer of a local publicly owned electric utility (such as a municipal utility)?

☐ Yes ☐ No

14. What is the first month's generation for which you plan to submit an invoice?

_____ Month _____ Year

15. Please include a copy of one of your recent billing statements from your utility (or other independent third-party metering entity).

16. Type of Energy Contract (Select one of the following three options)

☐ Investor Owned Utility

Utility

☐ PG&E ☐ SCE ☐ SDG&E ☐ Other (specify): _____

Contract Type

☐ SO1 ☐ SO2 ☐ SO3 ☐ ISO4 ☐ Negotiated ☐ Other (specify): _____

Is this facility currently receiving energy payments under an amendment to the above contract?

☐ NO (This facility is receiving energy payments under "traditional" SRAC values)

☐ YES (Provide information below)

Average Annual Value (cents/kWh) _____ Date Amendment Scheduled to end _____

☐ California Department of Water Resources/ California Power Authority

Specify date the contract is scheduled to end - _____

Price

☐ The price received for energy is currently above the target price [No supporting documentation required]

☐ The price received for energy is below the target price [Supporting documentation **IS** required]

(Select one below)

☐ Price _____ cents/kWh **OR** ☐ The price is provided with the supporting documentation.

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ELIGIBILITY INFORMATION (CONT'D)

☐ OTHER (Specify) _____

☐ Energy paid under a Variable Price Contract

☐ Energy paid under a Fixed Price Contract. (Specify contract end date) _____

Price

☐ The price received for energy is currently above the target price [No supporting documentation required]

☐ The price received for energy is below the target price [Supporting documentation **IS** required]

☐ Price _____ cents/ kWh **OR** ☐ The price is provided with the supporting documentation.

17. Energy Source (check all that apply)

☐ Biomass

☐ Solar Thermal

☐ Wind

☐ Geothermal

☐ Digester Gas

☐ Landfill Gas

☐ Municipal Solid Waste

☐ Small Hydro

☐ Photovoltaic

☐ Waste Tire

☐ Other (specify) _____

18. Capacity of Facility (in kW)

19. Operational Date

20. % of Fossil Fuel used (if applicable)

21. I choose to have incentive payments from the ERFPP based on the following (Please select one):

☐ Average Monthly Energy Price

☐ Time-of-Use Energy Prices

22. DECLARATION

I, (print name and title) _____, as the authorized officer of the above named facility owner hereby declare under penalty of perjury that the information provided in this form is true and correct to the best of my knowledge. I acknowledge that the eligibility and receipt of any payments from the Existing Renewable Facilities Program is based upon the requirements and conditions set forth in the Energy Commission's Overall Program Guidebook for the Renewable Energy Program and Existing Renewable Facilities Program Guidebook, and agree to abide by these requirements and conditions, to the extent applicable, at all times while receiving payments from the Existing Renewable Facilities Program.

Dated this _____ day of _____, 20____, at _____.
(day) (month) (year) (place of execution)

Signature: _____

ENERGY COMMISSION USE ONLY

Determination _____

(Attach separate sheets if necessary)

☐ Further information needed for determination (attach explanation)

Reviewer

Date

ID Number Assigned

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